

ANTERIOR SHOULDER STABILIZATION CLINICAL PRACTICE GUIDELINE

This Anterior Shoulder Stabilization Rehabilitation Guideline applies post-operatively to patients who have undergone open or arthroscopic procedures like Bankart repair, Remplissage, or Latarjet. While primarily based on Bankart repair, the guideline accommodates variations in surgical techniques and stresses the importance of therapist-surgeon collaboration.

Exclusion Criterion

Recovery progression is tailored to individual healing timeline, patient characteristics, and ongoing clinical assessment.

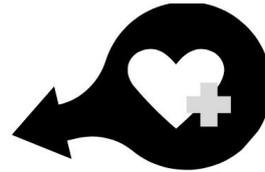
- Progression is time and criterion-based, depending on soft tissue healing, patient demographics, and clinician evaluation.
- For questions, contact Dr. Sujan Gogu’s clinic.

Recommendations

Risk Factors	<ul style="list-style-type: none"> ✓ Excessive joint laxity ✓ Exceeding recommended range of motion (ROM) goals ✓ History of shoulder instability ✓ Comorbidities such as connective tissue disorders
Precautionary Measures	<ul style="list-style-type: none"> ✓ Limit ER to 30 degrees for 6 weeks post-surgery ✓ ROM progression should be gradual and delay jogging until 10-12 weeks based on patient tolerance and physician assessment ✓ Return to sport after 5-6 months; wait at least 6 months for contact sports and climbing ✓ Begin throwing program at 4 months, aiming for game readiness by 9 months ✓ Consult surgeon if apprehension testing is positive ✓ Avoid Olympic lifting or bench press until 6 months post-surgery

Manual Therapy	<ul style="list-style-type: none"> ✓ Passive ROM should not exceed guideline limits ✓ Use soft tissue mobilization joint mobilizations per guideline to reduce pain and improve mobility
Corrective Interventions	<ul style="list-style-type: none"> ✓ Incorporate therapeutic exercises to enhance rotator cuff and periscapular strength ✓ Utilize neuromuscular re-education to enhance joint stability and proprioception ✓ Include therapeutic activities to improve activities of daily living (ADLs) and leisure activities ✓ Administer manual techniques (PROM, AAROM, AROM) for restoring normal ROM ✓ Apply modalities to manage pain and swelling
Outcome Testing	<ul style="list-style-type: none"> ✓ Questionnaire: <ul style="list-style-type: none"> ● Disability of Arm Shoulder and Hand (DASH) Questionnaire for assessment ● Kerlan-Jobe Orthopaedics Clinic (KJOC) Questionnaire for evaluation
Criteria for Discharge with Return to Sport after 9-24 months	<ul style="list-style-type: none"> ✓ Achieve full active range of motion appropriate for the patient ✓ Demonstrate 5/5 strength in shoulder and scapular muscles without compensation ✓ Independently manage home exercise program according to patient needs ✓ Report low pain scores ✓ Resume full abilities with activities of daily living ✓ Return to sport phase as appropriate

Remplissage Considerations



Remplissage is an arthroscopic procedure that relocates the posterior shoulder capsule and infraspinatus tendon into a Hill-Sachs defect, moving it from inside the joint to outside.

- Typically performed alongside Bankart repair
- Avoid active external rotation strengthening for 12 weeks
- Refrain from internal rotation or cross-body stretching for 12 weeks
- Avoid pushing motions and grade 3 or 4 posterior joint mobilizations for 12 weeks
- Manage similarly to a posterior rotator cuff repair protocol



Latarjet Considerations

The Latarjet procedure addresses recurrent shoulder dislocations caused by glenoid bone loss or fracture.

- For open procedures, adhere to Subscapularis Precautions
- Review surgical notes to determine subscapularis management (taken down or split)
- Initiate joint mobilizations above grade 1 at Week 6
- Avoid anterior mobilizations and cross-body stretching until Week 12

Subscapularis Precautions



Repair subscapularis post-injury from external rotation forces or trauma.

- Restrict external rotation beyond 30 degrees
- Avoid cross-body adduction and active internal rotation, including behind-the-back movements
- Do not support body weight with the affected side (e.g., pushing up from a chair)

Phase I: Protection (Post-Anterior Shoulder Stabilization – 0-6 weeks)

<p>Goals (Post Operative to 6 weeks)</p>	<ul style="list-style-type: none"> ✓ Protect surgical repair (capsule, ligaments) ✓ Achieve staged ROM goals without exceeding limits ✓ Educate patient on post-operative restrictions and importance of proper posture ✓ Minimize shoulder pain and inflammation ✓ Ensure adequate scapular function
<p>Post Operative to 3 weeks Protection</p>	<p>Use sling for 4-6 weeks (consult physician), including during sleep</p>
<p>ROM Goals by week 3</p>	<ul style="list-style-type: none"> ✓ Forward elevation : 90 ° ✓ ER in scapular plane: 20 ° ✓ Avoid ER at 90 ° abduction ✓ Avoid abduction and internal rotation ✓ Elbow/wrist/hand ROM
<p>Weeks 4 to 6 ROM Goals by week 6:</p>	<p>Passive Range of Motion (PROM):</p> <ul style="list-style-type: none"> ✓ Forward elevation: 135 ° ✓ IR: 50 ° ✓ Abduction: 115 ° ✓ ER in scapular plane: 30 ° ✓ ER at 90 degrees: 30 ° <p>Active Assisted Range of Motion (AAROM):</p> <ul style="list-style-type: none"> ✓ Cane and wall walks: 135 ° ✓ Pendulum exercises <p>Active Range of Motion (AROM):</p> <ul style="list-style-type: none"> ✓ Begin at week 4: 115° flexion ✓ Elbow AROM may begin <p>Strengthening:</p> <ul style="list-style-type: none"> ✓ Submaximal isometrics (ER, Abduction, Flexion, Extension) ✓ Scapular stabilization exercises (scapular clocks) ✓ IR/ER with light theraband at 0 ° abduction (within

	ROM restrictions)
Goals to Progress to Next Phase:	<ol style="list-style-type: none"> 1. Ensure proper healing of surgical repair by adhering to precautionary measures and guidelines 2. Achieve staged ROM goals 3. Experience minimal to no pain during ROM exercises

Phase II: Intermediate Phase (Weeks 7 to 12)	
Goals	<ul style="list-style-type: none"> ✓ Gain staged ROM goals to normalize PROM and AROM range of motion ✓ Minimize shoulder pain ✓ Begin increasing strength and endurance ✓ Enhance functional activities
Weeks 7 to 9 ROM Goals by week 9	<p>Passive Range of Motion (PROM):</p> <ul style="list-style-type: none"> ✓ Perform joint mobilizations, focusing on posterior mobility ✓ Achieve forward elevation: 155° ✓ Increase IR: 90°-60° degrees by weeks 8-9 ✓ Achieve ER: 20 ° abduction to 60 ° ✓ Achieve ER: 90 ° abduction to 75 ° <p>Active Range of Motion (AROM):</p> <ul style="list-style-type: none"> ✓ Achieve elevation: 145 ° <p>Strengthening:</p> <ul style="list-style-type: none"> ✓ Start light Upper Body Ergometer (UBE) ✓ Perform Progressive Resistive Exercises (PREs) for scapular stabilizers including rows, shoulder extension, scapular retraction ✓ Begin Thrower's 10 Program ✓ Incorporate dynamic resistance with Proprioceptive Neuromuscular Facilitation (PNF) patterns and manual techniques ✓ Strengthen elbow flexion/extension ✓ Initiate Closed Kinetic Chain (CKC) exercises with table/wall weight shifts
Weeks 10 to 12:	<p>Begin jogging as recommended by physician</p> <p>ROM Goals by week 12:</p>

	<p>PROM: Within normal limits in all planes</p> <p>AROM: Achieve normal elevation</p> <p>Strengthening:</p> <ul style="list-style-type: none"> ✓ Progress PREs in all planes ✓ Introduce rhythmic stabilization exercises (e.g., prone medicine ball eccentric drops, free throws, ball taps) ✓ Advance CKC exercises
Goals to Progress to Next Phase	<ol style="list-style-type: none"> 1. Achieve staged AROM goals and strengthening activities with minimal to no pain 2. Maintain appropriate scapular posture at rest and dynamic control during ROM and strengthening exercises

Phase III: Advanced Activity Phase (Weeks 12-20)

Goals	<ul style="list-style-type: none"> ✓ Achieve normalization of strength, endurance, neuromuscular control, and power ✓ Gradually increase stress on anterior capsulolabral tissues ✓ Start full recreational activities of daily living and work gradually
Weeks 12 to 16	<p>ROM</p> <ul style="list-style-type: none"> ✓ Perform terminal ER stretches: after 12 weeks ✓ Implement self capsular stretches, AROM and passive stretching <p>Strengthening</p> <ul style="list-style-type: none"> ✓ Engage in advanced isotonic exercises ✓ Initiate plyometrics (e.g., two-handed drills like chest pass) ✓ Practice ball catch/toss: 90° abduction position ✓ Start dumbbell pec exercises

Phase IV: Return to Sport/Activity (Weeks 16-20)

Goals	<ul style="list-style-type: none"> ✓ More aggressive stretching techniques
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	<ul style="list-style-type: none"> ✓ Overhead Progressive Resistive Exercises (PREs) ✓ Begin light toss or volley activities ✓ Maintain specific training program ✓ Resume full activity, including bench press with bar at 6 months post-operation
<p>Goals to</p> <p>Progress to</p> <p>Return to</p> <p>Sport</p>	<ol style="list-style-type: none"> 1. Advance functional activities toward return to sports 2. Improve neuromuscular control 3. Enhanced strength and endurance 4. Achieve muscular strength at least 80% of the contralateral side 5. Attain fully recovered ROM 6. Demonstrate 5/5 scapular and rotator cuff strength